

Application For Employment

Position Applied For:						
Full Name:						
Maiden Name or any previous name use:						
Address:						
		Post Code:				
Main telephone number:	Email:					
Date of Birth:						
Marital status:						
Nationality:	-					
National Insurance number:						
Are you a British Citizen? Yes / No	Please	Circle				
If you circled 'No', please answer the next 3 question	ns:					
How long have you been in this country?		years and	months			
Do you hold a Visa to allow you to live in this country? Yes / No Please Circle (Please provide original copies of these documents on the date of interview)						
Do you have a criminal record? Yes /	No	Please Circle				
If Yes, Please give of the nature and date of the crime and any sentence served:						
Name of Doctor:						
Address of Doctor:						
		Post Code:				
Do you have children? Yes / No Plea	ase Circle					
If Yes, How many?						
If Yes, How old are they?						

at work.						
Qualifications & Education						
Please tick and date (whe qualifications:	n certificate was award	ed) if you already have any of the following				
Health & Safety	Date:	<u> </u>				
Manual Handling	Date:	<u></u>				
Basic Food Hygiene	Date:	<u> </u>				
Adult Protection	Date:	<u>—</u>				
Basic First Aid	Date:	<u></u>				
N.V.Q Level 1	Date:	<u> </u>				
N.V.Q Level 2	Date:	<u> </u>				
N.V.Q Level 3	Date:					
N.V.Q Level 4/5	Date:	<u></u>				
Please tell of any other qu	ualifications you have:					
Name and address of the	last school you attende	d:				
Name and address of the	last college you attende	ed:				

Please tell us about the arrangements that you have made to look after your children whilst you are

Present & Previous Employment

Name of Present Employers:	
Company name:	
Address of Present Employer:	
	Post Code:
Date you started this job:	
Date you left this job:	
Position held:	
Notice required:	
Wage:	
Would you allow us to contact this person? Yes /	No
Is the job you are applying for with us your second job? Yes	/ No
If yes, how many hours do you currently work?	
If possible, please tell us which days or Rota you already work?	
Name of Previous Employers:	
Company name:	
Address of Previous Employer:	
	Post Code:
Data you started this job.	
Date you started this job:	
Date you left this job:	
Position held:	
Wage:	
Would you allow us to contact this person? Yes	/ No

References

Please give the name and address of <u>TWO</u> references: (Reference cannot be from a relative) We require one **Employers** reference and a **Character** reference.

1. Name of Employer Reference:		
Company name:		
Address:		
		D 10 1
Telephone Number:		
This person has known me for:	years and	months
2. Name of Character Reference:		
Company name:		
Address:		
		Post Code:
Telephone Number:		
This person has known me for:	years and	months
Personal Statement		
Please write a short paragraph explaining	why you want to wo	ork in Health and Social Care.